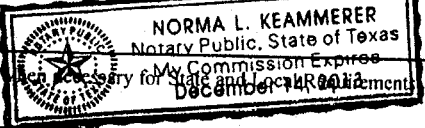


CHARGE OF DISCRIMINATION		AGENCY <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	CHARGE NUMBER 451-2010-01412
This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.			
TEXAS WORKFORCE COMMISSION CIVIL RIGHTS DIVISION			and EEOC
State or local Agency, if any			
NAME (Indicate Mr., Ms., Mrs.) Mr. Rodolfo Rosales		HOME TELEPHONE (Include Area Code) 210-733-6832	
STREET ADDRESS 107 Janis Rae	CITY, STATE AND ZIP CODE San Antonio, Texas 78201	DATE OF BIRTH 4-25-42	
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)			
NAME University of Texas at San Antonio	NUMBER OF EMPLOYEES, MEMBERS 300+	TELEPHONE (Include Area Code) 210-458-5883	
STREET ADDRESS One UTSA Circle	CITY, STATE AND ZIP CODE San Antonio, Texas 78249-1644	COUNTY Bexar	
NAME Dr. Mansour O. El-Kikhia	TELEPHONE NUMBER (Include Area Code)		
STREET ADDRESS	CITY, STATE AND ZIP CODE	COUNTY	
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))		DATE DISCRIMINATION TOOK PLACE EARLIEST (ADEA/EPA) LATEST (ALL)	
<input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input checked="" type="checkbox"/> AGE <input checked="" type="checkbox"/> RETALIATION <input checked="" type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify)		11-18-09 -	
		<input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):			
<p>I am a professor at UTSA. I am over the age of 40 and am Hispanic and of Mexican descent. I have been subjected to discrimination, harassment and retaliation by Dr. Mansour O. El-Kikhia, the department chair, who I believe disagrees with the racially and politically based content of my courses dealing with Mexican American content and my request to begin a African American studies program. There have been accusations made by Dr. Mansour. However, he has deprived me of my due process rights and refused to provide me with the evidence used to support his false accusations against me. He has defamed and slandered me, refused my requests for due process and retaliated against me after I complained about the mistreatment and after complaints by me and others about what I believe to be racism and a racist opposition to my classes and instructions, including taking away my classes, threatening me with termination and increasing my workload and depriving me of other earning opportunities at UTSA. I believe that I suffered discrimination, harassment and retaliation because of my race and/or age and because of my complaints in violation of Title VII of the Civil Rights Act of 1964, as amended, 42 USC section 1981, the Age Discrimination in Employment Act, 29 USC section 621, et seq., and §21.001 et seq of the Texas Labor Code.</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedure.		NOTARY - (Notary Public, State of Texas) 	
I declare under penalty of perjury that the foregoing is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	
Date _____ Charging Party (Signature) _____		SIGNATURE OF COMPLAINANT _____ SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year) 11-9-10 _____	

EEOC FORM 5 (10/94)

